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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	520.41288X00
		First Inventor	TOKUDA, MASAHIKE
		Title	MOUNTING METHOD FOR OPTICAL DEVICE AND OPTICAL HEAD EQUIPMENT
		Express Mail Label No.	
APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages: 49] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 14]</p> <p>5. Oath or Declaration [Total Pages: 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>			
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>			
ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Eigs. 1,2A-B,3A-B,4A-B,5A-B,6A-D,7,8A-C,9,10A-B,11-17; Credit Card Payment Form 			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457 <i>(Insert Customer No. or Attach bar code label here)</i>	or <input type="checkbox"/> Correspondence address below		
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			
Address				
City		State		Zip Code
Country		Telephone	(703) 312-6600	Fax
Name	Alan E. Schiavelli			Registration No. (Attorney/Agent)
Signature				Date

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

*Patent fees are subject to annual revision.***TOTAL AMOUNT OF PAYMENT** (\$ 780.00)

Complete if Known	
Application Number	
Filing Date	February 27, 2002
First Named Inventor	TOKUDA, MASAHIDE
Examiner Name	
Group Art Unit	

Attorney Docket No. 520.41288X00

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
 Deposit Account Number 01-2135
 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP
 Charge Any Additional Fee Required
 Under 37 CFR 1.16 and 1.17
 Applicant Claims small entity status.
 See 37 CFR 1.27

2. Payment Enclosed: Check Credit Card Money Order Other**FEE CALCULATION**2. **BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)				740.00	

1. **EXTRA CLAIM FEES**

Total Claims	20 -20** = 0	Fee from Extra Claims below	Fee Paid
Indep. Claims	2-3** = 0	x 18	= 0
Multiple Dependent		280	= 0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 0.00				

**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES	Fee Description	Fee Paid
105	130	205
127	50	227
139	130	139
147	2,520	147
112	920*	112
113	1,840*	113
115	110	215
116	400	216
117	920	217
118	1,440	218
128	1,960	228
119	320	219
120	320	220
121	280	221
138	1,510	138
140	110	240
141	1,280	241
142	1,280	242
143	460	243
144	620	244
122	130	122
123	50	123
126	180	126
581	40	581
146	740	246
149	740	249
179	740	279
169	900	169
Other fee (specify) _____		

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	32,087	Telephone
Alan E. Schiavelli				703-312-6600

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